

Conclusions: In subjects with radiographic knee OA of defined pain severity, significant relief is effected by *D* at 2 & 12 weeks according to two validated, widely-used OA instruments, whereas *A* is not significantly different than *P*.

Group	WO	Week 0	Week 2	% better	p	Week	
12	% better	p					
D	WO _p 200±102	140±105	30	0.0001	146±101	27	0.002
	WO _t 97±50	706±536	27	0.001	719±516	26	0.0001
A	WO _p 211±86	206±101	2	0.671	187±122	11	0.134
	WO _t 964±375	906±453	0	0.919	889±520	8	0.191
P	WO _p 199±111	197±119	1	0.878	183±123	8	0.420
	WO _t 994±520	947±516	5	0.221	876±521	12	0.085

PA18

IMPROVED QUALITY-OF-LIFE (QoL) WITH ETORICOXIB COMPARED WITH PLACEBO IN PATIENTS WITH OSTEOARTHRITIS

SP Curtis, A Leung, DJ Watson, D Ramey, S Kong, S Harper
Merck Research Laboratories, Rahway, NJ, USA

Aim: Etoricoxib, a highly selective cyclooxygenase-2 (COX-2) inhibitor, has demonstrated efficacy in OA and RA. We compared the efficacy of etoricoxib, naproxen, and placebo on QoL (Medical Outcomes Trust SF-36) in OA patients in the 12-week portion of 2 phase III trials.

Methods: Replicate, multicenter, randomized, parallel-group, double-blind studies enrolled a total of 997 patients with OA of the knee or hip who had worsening symptoms (flare) upon discontinuation of OA therapy. Baseline measures were obtained at the flare visit, prior to randomization to etoricoxib 60 mg once daily (N=446), naproxen 500 mg twice daily (N=439), or placebo (N=112). Clinical efficacy data were collected at 2, 4, 8, and 12 weeks. Analyses were done on all patients randomized. The SF-36 domain and Physical Component Summary (PCS) and Mental Component Summary (MCS) scores were calculated using established methods (on a 0-100 scale; higher scores are better). Mean scores change from baseline to week-12, adjusted for baseline value and primary study joint (knee vs hip), were compared across treatments.

Results: Etoricoxib was superior to placebo and comparable with naproxen on all three primary efficacy measures (WOMAC pain and physical function subscales, and patient global assessment of disease status), and was well tolerated over 12 weeks. For the QoL measure, mean baseline scores for the etoricoxib and placebo arms were similar for each domain, the PCS, and MCS. The difference (p-value) in the domain scores [mean change between etoricoxib and placebo] were: physical functioning 7.7 (<0.001); role physical 12.5 (<0.001); pain 9.7 (<0.001); general health perceptions 4.4 (<0.001); mental health 2.5 (0.08); role emotional 13.1 (<0.001); social functioning 7.6 (<0.001); vitality 6.6 (<0.001). For the PCS and MCS, the difference between etoricoxib and placebo was 3.6 (<0.001) and 2.3 (0.008), respectively. Similar results were found comparing naproxen to placebo. Differences between etoricoxib and naproxen were slight and not statistically different on any of the SF-36 scores.

Conclusion: In this study, patients with OA of the hip or knee treated with etoricoxib 60 mg once daily for 12 weeks had statistically significantly greater improvement in 7 of 8 SF-36 domain scores and in both the Physical and Mental Component Summary scores compared with placebo. These improvements are consistent with the OA efficacy results observed in this study.

PA19

PRESCRIPTION HABITS FOR OSTEOARTHRITIS PATIENTS: RESULT OF A NATION-WIDE PHARMACO-EPIDEMIOLOGICAL SURVEY ON 10000 PATIENTS

P Hillaquin, B Fautrel², F-A Allaert³, S Rosenberg¹, P Coste⁴, M Rossignol⁵

¹Hôpital Gilles de Corbeil, Corbeil; ²Rheumatology, Hôpital Pitie-Salpetriere Paris; ³Cenbiotech, Dijon; ⁴Laboratoires Pharmascience™, Courbevoie; France; ⁵Department of Epidemiology, McGill University, Montreal (QC), Canada

Osteoarthritis (OA) in real life settings is often difficult to study, especially in France where no reliable database exists to explore prescription habits of physicians.

Methods: In 2000, a nation-wide survey in more than 5000 physicians, either general practitioners (90.3%) or rheumatologists (9.7%), representative of the French medical demography, was conducted. Each recruited the first two patients consulting for hip, knee or hand OA after the onset of the survey.

Results: Medical information was available for 10412 patients, whose OA was diagnosed on both clinical and radiological findings in 84.5%. Their mean age was 66.2 ± 10.2 years with a sex ratio F:M of 1.96.

Prescriptions	Frequency		
		Renewal	New
Analgesics	94.4%	93.1%	6.9%
NSAID	77.7%	71.1%	28.9%
Anti-OA agents*	89.8%	65.4%	34.6%
Topical NSAID	60.2%		
Steroid joint injection in past year	19.7%	(Mean number 1.7 ± 0.9)	
Hyaluronic acid injection in past year	1.5%		
Physiotherapy	28.4%	Massage: 77.7%	Muscle strengthening: 50.6%

* such as glucosamine sulfate.

Both analgesics and NSAIDs were prescribed as needed vs daily in the majority of patients (67.4 and 70.4%). There was no major difference in the use of these medications according to the frequency of pain, the type of symptoms and the site of OA. Moreover, 28.8% of OA patients reported use of complementary and alternative medicine. The most commonly used were mesotherapy 48.4% (subcutaneous injections of medication), acupuncture 23.4%, herbal remedies 15.6%, homeopathy 14.8%.

Conclusion: This study provides a representative overview of the prescription habits of French physicians for OA. It emphasizes the great frequency of therapeutic combinations, with minor differences according to the symptoms or the site of OA. Local therapy, especially steroid injections, and physiotherapy were also commonly used.